

IOWA CITY VA Health Care System

Psychology Internship Training

Internship Program

The predoctoral psychology internship at the Iowa City VA Health Care System located in Coralville, Iowa is fully accredited by the Commission on Accreditation of the American Psychological Association. Our most recent site visit was in March of this year.

The internship program utilizes the AAPI Online application forms that are available at the [APPIC website](#). At that website, full instructions are available for use of the APPIC Online. The APPIC website is an external link and is not associated with Department of Veterans Affairs. VA does not endorse and is not responsible for any material on external websites. **Each applicant is required to submit a complete set of application materials, including the following:**

- A completed AAPI application form, including the Academic Program's Certification of Internship Eligibility and Readiness
- All official graduate transcripts
- Three letters of evaluation from individuals familiar with recent academic and clinical performance.
- Curriculum Vitae.
- A clinical writing sample (for more information., see under Application Procedures)

An applicant must be a U.S. citizen in good standing with and recommended for internship by an APA approved Ph.D. or Psy.D. program in clinical or counseling psychology. The applicant's pre-internship training must include completed coursework and formally supervised applied training in the provision of psychological services to include assessment and psychotherapy. The applicant must demonstrate interests and goals that are consistent with the internship program, the ability to apply assessment and intervention knowledge in clinical areas, appropriate ethical conduct, the interpersonal skills necessary for the professional practice of psychology, and sufficient research skills as evidenced by dissertation progress.

Download this Brochure:

[Psychology Internship – Iowa City VAHCS](#)



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APPIC Match Number

207411

Applications Due

November 2

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Setting

Iowa City Veterans Affairs Health Care System (VAHCS)

The Iowa City Veterans Affairs Health Care System (VAHCS) is an affiliated teaching hospital and research center located in Iowa City, Iowa. This tertiary care Level I facility is classified as a VHA Level 1c medical center that serves a veteran population residing in 33 counties in eastern Iowa, 16 counties in western Illinois and one county in northern Missouri. In addition to psychology, specialty services include all internal medicine specialties, neurology, dermatology and psychiatry. Inpatient care is provided with 93 acute care beds (with 15 of these in an acute psychiatric inpatient unit). The IC VAHCS is one of five VA regional kidney transplant centers and in FY13 performed 41 transplants. Extended care and rehabilitation services include home-based primary care, contract community nursing homes, advanced care planning, amputee clinic, spinal cord injury, geriatrics, home telehealth, caregiver support, hospice/palliative care, pain management, and a polytrauma support clinic team. A therapeutic lifestyle clinic has been added, as well. The research program at the Iowa City VAHCS has consistently been one of the top VA facilities nationwide in terms of VA and non-VA research funding. Psychology and Psychiatry make up the Mental Health Service Line and our outpatient services are housed in the Coralville Clinic that we share with one of the Primary Care outpatient clinics. The clinic in Coralville, which is located 2 miles west of the medical center, has a shuttle van that makes six trips per day to the main facility.

The Mental Health Service Line is a large, interdisciplinary service made up of psychologists/neuropsychologists, psychiatrists, social workers, Ph.D. and M.S.-level marriage and family therapists, outpatient substance abuse counselors, a psychometrician, and seven support staff. In addition to the Coralville Clinic, which is an extension of the main medical center, there are service line clinical staff at all nine of our Community-Based Outpatient Clinics (CBOCs), serving our largely rural veteran population. In addition to the face-to-face outpatient services that we provide, we also frequently provide clinical services utilizing Telehealth technology to our veterans at each of our CBOCs. We now also offer Televideo to Home services for ease of access as appropriate.

Iowa City/Coralville

Iowa City offers small town charm, big city excitement, and a great quality of life. And that's not just our opinion. Ask *Money Magazine*, *Sperling's Best Places*, *USA Today*, *Forbes Magazine*, *AARP*, *Outside Magazine*, and *National Geographic*. These and others consistently rank Iowa City high on such variables as best places to live and work, most educated population, best college towns, best places to retire, and most affordable. Why the appeal? Too many reasons to list, but some include a top tier public university (think sports, arts, libraries, prestigious medical center...all across the street from the IC VAHCS, by the way), chic restaurants and shops in a compact, pedestrian-friendly downtown/college town, reasonable cost of living, low crime, award-winning public schools, vibrant arts scene, and outdoor

recreation within minutes of the center of town. It's all you could want in a compact package: Midwest friendliness and East Coast amenities. What could be better? For more information, you can go to Iowa City's official website at <http://www.icgov.org/default/?id=1359> as well as the following: <http://www.iowacity.com/> and <http://www.iowacitycoralville.org/index.aspx?NID=107>.

Program Overview

Accreditation

The Iowa City VA Medical Center has been a training site for graduate students from the University of Iowa's APA-accredited doctoral psychology training programs for many years. The Psychology Internship Program at the Iowa City VAHCS has been accredited by the American Psychological Association since 2010. Our last site visit was March 19-20, 2015; the reaccreditation decision is pending. The program is also a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and abides by its policies and procedures.

Questions related to the program's accreditation status should be directed to the Commission on Accreditation:

Office of Program Consultation and Accreditation
American Psychological Association
750 1st Street, NE
Washington, DC 20002-4242
(202) 336-5979
APAACCRED@APA.COM
<http://www.apa.org/education/grad/program-accreditation.aspx>

Training Philosophy and Model

The philosophy of our program is based on the practitioner-scholar model, with the primary focus of training on direct clinical work. We endorse the view that good clinical practice is based on the science of psychology and, likewise, the science of psychology is enhanced by the experience of working with real patients. In all facets of their training, our interns are expected to apply scholarly inquiry and critical thinking to their work. And, while research is not required as part of the internship, we encourage our interns to learn about evidence-based practice and we expect that they will learn to practice psychology in a manner that is informed by psychological theory and research. Interns are, for example, encouraged to apply scholarly inquiry and critical thinking to all facets of their work, including the application of scientific inquiry to case conceptualizations, the formulation and testing of clinical hypotheses, the critical analysis of cases, and developing thoughtful strategies to address mental health consultations and evaluating ethical dilemmas. At the same time, we acknowledge the complexity of real patients and the limitations of our empirical base. While implementing scientifically validated treatments, we respect the uniqueness of individual patients and base our clinical decisions on a sequence of hypothesis testing.

Our program embraces a generalist training approach and a developmental training model. We believe that interns are best trained by developing their generalist skills across a spectrum of clinical areas. This is accomplished through various didactic and professional seminars and deliberate case assignments that gradually expand interns' repertoire of skills. Interns are encouraged to choose training rotations that meet their individual training goals while also allowing them to become more broadly competent. Supervisors will be identified as mentors and role models who are accomplished in the areas of emphasis selected by the interns. Over the course of the year, intern training moves from close supervision and mentoring to more autonomous functioning. The training model for the pre-doctoral training program at the Iowa City VAHCS, therefore, has three key components: (1) empirically-supported practice, (2) self-guided learning through mentorship, (3) and, broad-based training with increasing depth.

Interns are expected to be active participants in shaping their training experiences in a variety of ways. Interns are required to take responsibility for their own learning by identifying individualized training goals, by self-observations, self-evaluation, and participation in continuing education. Interns are also expected to participate in the development and improvement of the training program itself by providing feedback and evaluation of supervisors and training experiences.

Our training program also places a high value on increasing and/or maintaining an awareness of diversity issues over the course of the training year. We strive to be sensitive to individual differences and diversity, including recognizing cultural and social factors as they influence a person's experience and world view. We believe that clinical practice is strengthened by understanding the perspective of others and responding with sensitivity to individual variations and differences. In addition, it is the goal of our program to attract applicants from culturally and socially diverse backgrounds.

Training Goals

1. Interns will acquire the requisite knowledge and skills in psychotherapeutic interventions for a minimum of entry-level practice of professional psychology.
2. Interns will acquire the requisite knowledge and skills in psychological assessment for a minimum of entry-level practice of professional psychology.
3. Interns will acquire requisite knowledge and respect for cultural and individual diversity for a minimum of entry-level practice of professional psychology.
4. Interns will acquire the requisite knowledge and skills in consultation and communication for a minimum of entry-level practice of professional psychology.

5. Interns will acquire the requisite knowledge of and conduct themselves according to professional ethical and legal standards for a minimum of entry-level practice of professional psychology.
6. Interns will obtain the requisite knowledge and skill in the strategies of scholarly inquiry and methods for a minimum of entry-level practice of professional psychology.
7. Interns will develop maturing professional identities as Psychologists.
8. Interns will acquire knowledge of theories and/or methods of supervision.

Supervision

We are committed to providing interns with access to multiple supervisors who are actively involved in the intern's training. Supervisors are available regularly to provide guidance and/or direct support with cases based on the intern's developmental and training needs. Having multiple supervisors concurrently and throughout the year provides interns with exposure to varied clinical skills and theoretical orientations. Interns receive a minimum of three hours of individual supervision plus a minimum of two hours of supervised activities (including group supervision, case conference, group co-facilitation, etc.) per week. At any given time, each intern will have a Major Rotation Supervisor, a Minor Rotation Supervisor, and contact with the Director of Training. Interns are expected and encouraged to seek additional informal supervision and consultation as needed in addition to the formal scheduled supervision times. Interns are also made aware that clinical staff members are available to provide consultation and supervision on specific issues as the need arises and schedules allow.

Our training model is developmental. Interns move from close supervision, mentorship, and intensive instruction to relatively autonomous functioning over the course of each clinical rotation. We also anticipate that, within each rotation, supervision will be more intensive at the beginning and will become less intensive as the intern displays increasing knowledge and competence. Similarly, as the training year progresses, interns are expected to function with increasing autonomy as their skill and competence warrants and their supervisors deem appropriate.

Requirements for Completion

As the foundation for independent professional practice, and as measured by supervisor evaluations, interns should demonstrate competence in the following areas by the completion of the internship year:

Psychotherapeutic Intervention

Interns should work effectively with diverse populations, providing appropriate intervention in response to a range of presenting problems and treatment concerns. Interns should demonstrate competent psychotherapy skills in a variety of modalities (including group and individual).

Assessment

Interns should be able to competently assess patients with a broad variety of problems, utilizing a variety of evaluation methods (e.g., interviews and psychological inventories). Selection and use of assessment tools should be appropriate to the clinical needs of the patient and be responsive to the needs of referring professionals.

Awareness of ethical, legal, and cultural issues

Interns should demonstrate knowledge of ethical and legal principles bearing on psychological practice as well as an awareness of these principles in their daily practice. Interns should show an awareness of, and sensitivity to, cultural issues that impact patients' lives and the practice of psychology.

Consultation and Communication

Interns should be able to conceptualize and clearly communicate their assessment strategies, results, opinions, and recommendations to other professionals, in verbal and written form. Clinical documentation should be timely, responsive to the needs of other professionals, and sensitive to issues of confidentiality and patient respect.

Development of professional identity

Interns should demonstrate a growing sense of identity as psychologists over the course of the internship year. They should show an understanding of the unique contribution and perspective they bring as a psychologist and put this into practice by assuming an increasing level of professional responsibility.

Professional judgment

Interns should demonstrate sound professional judgment. In particular, they should be able to accurately interpret clinical information, make sound decisions, and take appropriate action. They should be able to recognize and respond appropriately in cases of severe psychopathology, potential for self-injury, and dangerousness to others.

Interpersonal skills

Interns should demonstrate an ability to interact appropriately and professionally with peers, professional staff, colleagues from other disciplines, and support staff. Interns should conduct themselves in an ethical manner consistent with the guidelines of the profession.

Openness to feedback

Interns should be receptive to feedback from supervisors, peers, and other professional colleagues. They should be able to examine feedback objectively and respond with appropriate behavior changes. Interns should also show the ability to self-monitor and to change their behavior in response to experience.

Awareness of strengths and limitations

Interns should be able to accurately recognize their strengths and limitations. They should practice within their capabilities and recognize when to seek supervision, consultation, or training in response to clinical situations beyond their capabilities. They should demonstrate a commitment to continued self-education and to their continued growth as professionals.

Stipend and Benefits

For the internship year 2015-2016, the total stipend will be \$23,974; interns are also eligible for federal health insurance. State and federal income tax and FICA (Social Security) are withheld from interns' paychecks. Interns are not covered by Civil Service retirement or leave and are not eligible for federal life insurance benefits. The United States Government covers interns for malpractice under the Federal Tort Claims Act.

Program Structure

The internship is full-time for one year beginning July 24, 2016; one year at full-time equals 2080 hours. Interns are entitled to 10 federal holidays and earn sick leave and vacation (annual leave) days at a rate of 4 hours for each two-week pay period (a total of 13 days each). Interns are encouraged to use all of their annual leave before completion of internship; unused sick leave may be applied to future [federal employment](#). Additional leave may be approved to complete activities required by your university (e.g., dissertation defense) and/or for post-doc/job interviews.

Training Schedule:

24 hrs/week for major rotations

8 hrs/week for minor rotations

4 hrs/week for research (including dissertation if applicable) and/or program development/program evaluation

1.5-2.5 hrs/week for didactics

1 hr/biweekly group supervision

1 hr/biweekly diversity seminar

+ miscellaneous (prep, notes/reports, informal consults, phone follow-ups, monthly meetings with the Director of Training, staff meetings, MHSL meetings, Training Team meetings)

Major Clinical Rotations

Anxiety Disorders/Psychotherapy Major Rotation

General Description

Primary among the goals of this rotation is that the intern will develop a foundational level of competence in essential clinical skill level in conducting a program of cognitive-behavioral therapy (CBT) with anxiety-disordered patients. As such, this rotation has a theoretical orientation based on the cognitive and cognitive-behavioral models of behavioral disorders. Its primary training target areas are the development of clinical knowledge and skills in conducting both assessment (e.g., interviewing, screening, case conceptualizing, report writing, etc.), and treatment (utilizing evidence-based protocols) of individuals suspected of having an anxiety disorder.

Evidence-based, cognitive-behavioral therapy treatment protocols published in selected therapist guides and patient manuals from the *Treatments That Work* series published by Oxford University Press form the basis of the treatment approaches used in this treatment rotation. Typically, when done as a minor rotation, treatment protocols for three different anxiety disorders (e.g., social anxiety disorder; generalized anxiety disorder; panic disorder) are utilized during the rotation, although others (e.g., specific phobia; OCD) could be added, depending on the nature of the referrals at the time, and the intern's training goals and prior experience. When done as a major rotation, a broader range of anxiety disordered patients is typically included in the intern's clinical caseload.

Trainees receive ongoing opportunities to utilize CBT skills over and above those specified in the treatment manuals. Particular emphasis is given to trainee mastery of the CBT principles of "guided discovery" and "collaborative empiricism," which foster client involvement in treatment and increase the resilience of therapeutic change. Due consideration is given to avoiding a "one-size-fits-all" approach. Techniques for modifying faulty appraisals of threat are emphasized, including cognitive restructuring, utilizing behavioral experiments, exposure, psycho-education, etc. Special emphasis is given to maximizing the effectiveness of fear hierarchy construction and other aspects of implementing exposure-based forms of intervention.

The skills needed to deliver the evidence-based treatment protocols require familiarity with the cognitive-behavioral model. For trainees who lack this familiarity, training materials in the form of books, articles, recorded lectures and demonstration videos will be provided. Along with mastery of specified evidence-based CBT treatment protocols, intervention skills targeted for particular emphasis are:

- (a) Setting the agenda in the therapy session;

- (b) Eliciting feedback and determining patient level of understanding;
- (c) Effectively listening to and empathizing with the patient;
- (d) Demonstrating interpersonal effectiveness in relating to the patient;
- (e) Establishing rapport and collaborating with the patient;
- (f) Structuring and pacing the therapy session;
- (g) Effectively utilizing Socratic Dialogue and other Guided Discovery techniques, rather than relying on persuasion or debate;
- (h) Effectively eliciting relevant patient thoughts and beliefs;
- (i) Selecting relevant cognitive-behavioral therapy techniques in the strategy for change;
- (j) Effectively implementing the selected cognitive-behavioral therapy techniques;
- (k) Effectively incorporating homework into the treatment session.

Additional aspects of intervention receiving emphasis in this rotation are: (1) planning a program of treatment that includes identifying and prioritizing treatment; (2) monitoring the progress in treatment and "goodness of fit" of the current case conceptualization with adjustments in the treatment approach as indicated, and (3) concluding involvement in a therapy case, either through successful accomplishment of the specified treatment goals, or because the patient or the therapist trainee become unavailable. As indicated, methods of implementing relevant research findings will be incorporated into the training experience. Similarly, issues of individual and cultural diversity, professional ethics and legal considerations as they affect clinical practice also will be addressed as they arise.

Aspects of assessment receiving emphasis in this rotation are: (a) background-information gathering; (b) rapport-building; (c) clinical interviewing; (d) forming a diagnosis; (e) conceptualizing the patient's presenting problem(s) by developing a testable formulation of the factors that cause or maintain the patient's presenting symptoms, and (f) documenting results of assessment and specifying planned intervention efforts. The goals of this process are to foster the development of the intern's ability to determine a differential diagnosis of the condition for which the patient was referred, along with identifying the primary factors that are maintaining this condition. In addition to its role in determining diagnosis, assessment is used in this rotation for helping determine the focus and effectiveness of treatment. In part, this is accomplished through the regular use of objective, self-report, screening measures of mood and behavioral functioning, which is also useful for monitoring treatment progress. A related aspect of the rotation experience is assisting patients in developing self-monitoring skills.

(Supervisor: R. Musson, Ph.D.)

General Mental Health Major Rotation

The general mental health rotation will help interns to improve their skills in psychotherapy, conceptualization, and treatment planning by working with veterans of diverse characteristics and mental health challenges. The largest patient demographic is Vietnam era veterans, but more and more we are seeing veterans from the Iraq and Afghanistan wars. The most common problems include major depression, PTSD, comorbid PTSD and substance abuse, generalized anxiety, and adjustment disorders. In addition to these types of problems, interns will see unique and interesting cases, for example, schizophrenia and other psychotic disorders, OCD/hoarding, grief from the death of a pet, social phobia, and various personality disorders. The majority of cases also have chronic medical issues, such as chronic pain, cardiac disease, stroke, or neurological conditions. Many veterans are also experiencing psychosocial challenges, such as unemployment and underemployment, poverty, social isolation, homelessness, and divorce. The intern and I will build a caseload with many clinical presentations, some familiar and some new.

Interns will see veterans in individual and group therapy. Typically, interns and I co-lead a mindful cognitive behavioral therapy (CBT) group. The mindful CBT group is a 10-week group that is experiential and psychoeducational. Veterans meditate, practice mindfulness in everyday life, and learn to be less reactive to their own thoughts and moods. Veterans with any mental health condition can attend this group. Interns are also expected to participate in the Dialectic Behavior Therapy Program, led by Kathy Cave. This program follows the model of individual and group therapy set out by Marsha Linehan. Interns are encouraged to participate in this program for the entire year, although this is up to the discretion of their supervisor. Interns may also participate in groups run by other clinicians as part of this rotation. Most commonly this includes anger management, ACT for depression, and/or sleep improvement.

It is probably easiest to understand my supervisory style if you understand my own perspectives on psychotherapy. I conceptualize cases from a cultural/common factors model of psychotherapy. This model emphasizes commonalities in what makes therapy effective, such as providing a rationale for why the patient is experiencing mental health problems and presenting treatment interventions that are consistent with that rationale. This process can ameliorate suffering in many ways: developing a sense of agency in confronting one's problems, inspiring hope that one's current problems are not insurmountable, experiencing acceptance and compassion from another person, receiving social support, and inspiring confidence life can improve by working with a mental health expert.

To explore this point of view in supervision, I ask broad questions about treatment, such as, why did this veteran seek therapy at this point in time? Are the veteran's goals to improve mental health or to get some other benefit, such as simply having someone to talk to? What is the veteran's understanding of

how therapy works and how is that similar or different from what you as the therapist think? Outside of the mental health domain how is the person functioning: connections with friends and family, community involvement, everyday activities, purposeful activity, physical health. I don't expect you to adopt my style of psychotherapy, but I do want you to sharpen your skills and become more thoughtful about the assumptions that underlie mental health treatment.

I also try to build on your existing skills as a therapist and teach you new interventions. I am comfortable supervising students of a variety of psychotherapy models, from acceptance and commitment therapy to gestalt. One area I want every intern to leave with is exposure to evidence-based therapies. I would like every student to learn cognitive behavioral (my original training and typical mode of therapy), mindfulness interventions, and motivational interviewing. For PTSD treatment students will learn components of cognitive processing therapy and prolonged exposure therapy. I also serve as a trainer for a smoking cessation program developed in the VA called integrated care and expect interns to practice these skills as well. Interns in this rotation often use components of these models and rarely follow an entire treatment manual.

In describing their experiences in this rotation, past interns have said it has helped them to work with complex patients, has made them more self-aware as therapists, and has given them a boost of confidence in their abilities to practice independently. I'm sure if we work together, you will find this rotation challenging, sometimes frustrating, but ultimately rewarding.

(Supervisor: J. Drwal, Ph.D.)

Neuropsychology Major Rotation

General Description

The Neuropsychology service provides primarily outpatient consultation to other VA departments including: Inpatient medicine, Neurology, Neurosurgery, Polytrauma Support Clinic, Primary Care, Psychiatry, and Vocational Rehabilitation. Typical referrals include assessment for dementia syndromes (e.g., Alzheimer's disease, vascular dementia, frontotemporal dementia, Lewy body dementia, and Parkinson-plus syndromes), traumatic brain injury of varying severity, cerebrovascular accident, multiple sclerosis, psychiatric disorders (e.g., depression and PTSD), learning disability, Attention Deficit/Hyperactivity Disorder, etc. Personality assessment is also a component of neuropsychological assessment given mood and personality changes can occur in various neurologic conditions. Neuropsychology service is also consulted to perform inpatient evaluations primarily when there are concerns about capacity and ability to function independently.

The Neuropsychology Major Rotation meets APA Division 40 standards for pre-doctoral internship training and is tailored toward individuals who wish to pursue a Neuropsychology postdoctoral fellowship and career. Our most recent neuropsychology intern obtained a competitive two-year post-doctoral fellowship in neuropsychology at the Memphis VA.

Training Opportunities

1. Select, administer, score, and interpret a range of neuropsychological tests using a flexible battery approach.
2. Write comprehensive neuropsychological reports that include detailed recommendations for patient care.
3. Participate in feedback sessions regarding test results and recommendations with patients and their families.
4. Attend weekly Iowa City VA Neuropsychology case conferences and journal club. Neurology, Neurosurgery, and Psychiatry Grand Rounds are also available at the University of Iowa.
5. Conduct psychotherapy with individuals with neurocognitive disorders when available.

Training Goals

1. Interns will complete two supervised neuropsychological assessments each week.
2. Gain knowledge of functional neuroanatomy and neurological conditions through weekly didactics.
3. Meet all clinical and didactic requirements to apply for a Neuropsychology postdoctoral fellowship.

(Supervisors: C. Gehl, Ph.D.; W. VanVoorst, Ph.D., ABBP)

Posttraumatic Stress Disorder (PTSD) Major Rotation

General Description

The PTSD rotation will provide interns with experience assessing and treating PTSD in a veteran population. Emphasis is placed on evidence-based assessment and treatment practices. Interns will learn to identify and treat PTSD and other trauma-related sequelae (e.g., guilt, grief, depression). The veteran population in Iowa City includes individuals with acute and chronic trauma-related symptoms related to combat trauma and sexual trauma, as well as civilian trauma, such as childhood abuse histories, accidents and domestic violence.

Training Opportunities

PTSD Assessment: Interns will conduct initial diagnostic interviews with veterans who have both acute and chronic trauma-related symptoms. The training goal is to help interns recognize PTSD, make reliable differential diagnoses between PTSD and similar disorders, as well as to identify and address comorbid diagnoses. Interns will use structured interview and standardized self-report measures to improve their diagnostic skills. Some complex cases may require MMPI-2 assessment and/or referral to neuropsychology and review of that data.

PTSD Treatment: Interns will have the opportunity to learn and use several evidence-based PTSD treatment protocols, including Cognitive Processing Therapy (e.g., see Resick & Schnicke, 1993; Monson et al., 2006), Prolonged Exposure Therapy (e.g., see Foa, Hembree, & Rothbaum, 2007), and Seeking Safety (Najavits, 2002). In addition to individual therapy, the PTSD rotation provides group therapy experience with the rotation supervisors or other staff. Typically, this has included anger management, sleep improvement, anxiety symptom management, Acceptance and Commitment Therapy for depression, and/or Dialectic Behavioral Therapy. These experiences will allow interns to learn or build their fundamental group skills while implementing structured treatment protocols.

Other Training Opportunities: This summary represents some of the core PTSD rotation experiences. Other optional opportunities on the PTSD rotation include consultation to psychiatry residents, conducting a PTSD Orientation Class for veterans, outreach events and offering telehealth-based therapy. (Supervisors: J. Drwal, Ph.D.; R. Musson, Ph.D.)

Minor Clinical Rotations

Mental Health Acute Care and PRCC Minor Rotation

General Description

The Mental Health Acute Care unit at the Iowa City VAMC provides mental health treatment for adult Veterans in need of acute stabilization. Common diagnoses include psychotic disorders, mood disorders, anxiety and PTSD, and substance abuse or dependence. Psychological services provided include multidisciplinary treatment planning and care coordination, provision of direct clinical care (individual and group psychotherapy, risk assessment, family education, behavioral treatment planning, and evaluation), and implementation of psychosocial programming on the unit. This rotation also includes a component of providing group services in the Psychosocial Rehabilitation and Recovery Center (PRRC). The PRRC mission is to create an environment that supports Veterans in creating and actively pursuing their personal vision of wellness and recovery in a transitional educational center for Veterans with serious mental illness.

Training Opportunities

1. Participating in treatment rounds
2. Conducting individual and group psychotherapy
3. Learning crisis intervention skills
4. Completing psychological testing and diagnostic interviewing as available
5. Developing curriculums for inpatient treatment groups as well as the PRRC

Training Goals

1. Interns will lead one psychotherapy group and provide two individual therapy sessions per week.
2. Gain knowledge of diagnosis, crisis intervention skills, and multidisciplinary team approach to treatment.
3. Develop and lead one psychotherapy group in the PRRC per week.
4. Gain a better understanding of flow from inpatient to outpatient services for Veterans with serious mental illness.
5. Gain knowledge of infusing recovery-oriented care for program development.

(Supervisor: K. Baker, Psy.D.; K. McKibben, Ph.D.)

Health Psychology Minor Rotation

General Description

This rotation focuses on the integration of physical and mental health treatments and the utilization of psychological approaches to, for example, assist patients with management of chronic pain and with adjustment to/coping with acute, disabling, as well as chronic medical conditions. Interdisciplinary team work is an important aspect of this rotation. Among the medicine clinics in which we participate as part of an interdisciplinary team are Audiology, Pain, Transplant (Renal, Hematology/Oncology, Liver, Cardiology, Pulmonary), and ALS Clinic. Many of the requests for consults come from Primary Care as well as from Psychiatry. Much of the clinical care in this rotation is provided face-to-face on an outpatient basis, with occasional requests for inpatient services. Interns in this rotation also have opportunities to work with patients via Telehealth connections to any of our nine Community-Based Outpatient Clinics (CBOCS). Interns also participate in psychoeducational groups, currently including a 5-week Tinnitus Group in coordination with Audiology and an Introduction to Pain Management class.

Training Opportunities

1. Participate in organ recipient transplant psychosocial evaluations and kidney donor candidate evaluations.
2. Complete psychosocial evaluations for veteran candidates for spinal cord stimulator implants.
3. Conduct initial consultation diagnostic interviews for health psychology referrals.
4. Attend and co-facilitate Progressive Tinnitus Management groups.
5. Attend and co-facilitate Introduction to Pain Management (monthly single-session) class.
6. Participate in ALS Clinic and follow-up team case discussion.
7. Provide individual psychotherapy services.

Training Goals

1. Complete 8 hours/week in this rotation, including five clinical hours, of which 1-2 will be new consultations and the remaining ongoing/follow-up patient appointments.
2. Become proficient in applying a biopsychosocial approach to diagnostic assessment and making follow-up recommendations.
3. Demonstrate ability to conceptualize and intervene utilizing varying approaches to psychotherapy.
4. Demonstrate competence in working collaboratively with health professionals from diverse disciplines in providing coordinated patient care.

(Supervisor: D. Stormoen, Ph.D.)

Neuropsychology Minor Rotation

General Description

The focus of the Neuropsychology minor rotation is to obtain exposure to the practice of Neuropsychology. This rotation is not intended for interns who wish to independently practice neuropsychological assessment, but for those who wish to have a better understanding of brain-behavior relationships and how they may impact their patients. Interns will also learn when to refer for neuropsychological evaluation and obtain a general understanding of neuropsychological reports.

Training Opportunities

1. Obtain experience with test administration, scoring, normative standards, and report writing.
2. Co-lead a cognitive skills training group.
3. Weekly Neuropsychology and Psychiatry didactics are available at the Iowa City VA and University of Iowa.

Training Goals

1. Interns will assist with one neuropsychological evaluation per week with the level of involvement contingent on prior assessment experience.
2. Conduct brief cognitive screenings.
3. Attend weekly Neuropsychology case conference/journal club at the Iowa City VA to obtain knowledge of functional neuroanatomy and neurological conditions.

(Supervisors: C. Gehl, Ph.D.; W. VanVoorst, Ph.D., ABBP)

Polytrauma Minor Rotation

General Description

Interns work as a member of an interdisciplinary team in our Polytrauma Clinical Support Team. Veterans are generally referred to this clinic due to concerns regarding the presence of a traumatic brain injury; however, the focus of the clinic is to provide support to Veterans who have sustained multiple traumas, including psychological trauma, while combat deployed. Members of the Polytrauma Support team include a physiatrist, neuropsychologist, speech pathologist, social worker, and primary care physician. The psychologist/intern serves in a consultative role providing brief assessment of symptoms and

functioning, providing psychoeducation regarding mental health and mTBI, and making recommendations. Veterans served in this clinic have most commonly served in the OIF/OEF/OND conflicts, sustained a mild traumatic brain injury, and have mental health, chronic pain, and/or sleep concerns.

Training Opportunities

1. Interns will have the opportunity to provide brief assessment of current symptoms and functioning, provide psychoeducation, and make recommendations for Veterans seen in this clinic.
2. Interns will have the opportunity to interact with, provide information to, and discuss treatment plans with members of the interdisciplinary team.
3. Interns will obtain didactic training on traumatic brain injury, particularly with regard to mild traumatic brain injury in our Veteran population.

Training Goals

1. Interns will participate in and serve a consultative role in two polytrauma clinics per week with increasing autonomy as the rotation progresses.
2. Interns will complete and discuss readings regarding traumatic brain injury.

(Supervisor: C. Gehl, Ph.D.)

Substance Abuse Minor Rotation

General Description

The Outpatient Substance Abuse Treatment Program (OSATP) provides outpatient substance abuse/dual diagnosis counseling to Veterans in all service eras for a multitude of addictions with the most prevalent addiction treatment focusing on Alcohol Use Disorders, Opioid Use Disorders and Cannabis Use Disorders. Interns may also have the opportunity to work with gambling disorders. This rotation is primarily located at the Coralville Outpatient Mental Health Clinic with some additional training opportunities available on the acute psychiatric unit at the main VA Hospital. Interns will focus on providing individual and group therapy in an outpatient or intensive outpatient setting as well as substance abuse assessments in an acute setting. Motivational Interviewing, Motivational Enhancement Therapy and Cognitive Behavioral Therapy are the primary focus of intervention.

Training Opportunities

1. Administer and score the American Society of Addiction Medicine (ASAM) Placement Criteria to help determine appropriate level of care for substance abuse patients
2. Complete comprehensive biopsychosocial assessments with treatment recommendations for voluntary, hospitalized, and court mandated patients
3. Developing comprehensive treatment plans in coordination with the patient
4. Individual and group therapy in an outpatient and intensive outpatient treatment setting
5. Utilize Motivational Interviewing and CBT techniques for Substance Use Disorders in individual and group settings.

6. Brief intervention with patients in an acute psychiatric setting.
7. Participate in multi-disciplinary team meetings for both outpatient and inpatient programs
8. Learn evidenced-based treatment for smoking cessation

Training Goals

1. Develop knowledge in diagnosing Substance Use Disorders and implementing treatment modalities specific to SUD, including Motivational Interviewing and Motivational Enhancement Therapy.
2. Establish a caseload of outpatient clients within the Outpatient Substance Abuse Treatment Program.
3. Developing assessment skills and brief interventions in an acute psychiatric setting

(Supervisor: E. McCandless, LISW, ACSW, CADC)

Research

General Description

Interns are given four hours of protected time weekly to work either on research, program development, or program evaluation. Interns may contribute to research, specifically, by using the protected time given them to work on completion of their dissertations and/or to participate with staff on research/program evaluation projects related to various aspects of mental health care for veterans.

Staff

Kathryn Baker, Psy.D.

Kathryn Baker joined the Iowa City VA in 2013 where she serves as the Inpatient Psychologist. Her clinical interests include serious and persistent mental illness, personality disorders, motivational interviewing, strengths-based treatment, trauma-informed care, and mindfulness. Dr. Baker received her Psy.D. from the Washington, DC campus of Argosy University in 2008. She completed her doctoral internship at a large community mental health center, Human Services, Inc., in Oakdale, Minnesota, with clinical rotations in DBT and Intensive Outpatient Treatment. She was formerly employed through State Operated Forensic Services in St. Peter, Minnesota, providing therapy and assessment to individuals civilly committed as Mentally Ill and Dangerous. Kathryn finds joy in spending time with her family and manages stress through aromatherapy and meditation. She is also a proud University of Iowa alumna and loves cheering on Hawkeye football!

Kathleen Cave, M.F.T.

Kathleen Cave graduated with a BA in anthropology from the University of California, Berkeley, but life offered a change in course from fieldwork to motherhood with the birth of her son, Joshua. Kathy worked in banking until her 30's when she returned to graduate school, earning an MA in Clinical Psychology from John F. Kennedy University in California. After completing her internship at Berkeley Mental Health, she entered private practice in Berkeley as a licensed Marriage and Family Therapist. Pursuing a doctorate, she attended The Wright Institute of Professional Psychology leaving ABD to care for her ailing husband. After his death, life again offered a choice and she became a contractor, working with military members and their families as a Military Family Life Consultant at installations all around the world. That fascinating and rewarding work challenged her and expanded her universe. In 2013, she moved to Iowa City with her new husband to join this incredible team of gracious and wise clinicians. And, to be near her adorable, willful granddaughter, Ella.

Charles Crow, Psychometrist

Charles W. Crow (or William to his friends) has worked for the VA since 2008 in both Maryland and Iowa. He currently works as a psychometrist providing testing for IC's team of neuropsychologists. Back on the East Coast, William provided telephone monitoring and treatment services to veterans with MDD, PTSD, and substance use disorders, while additionally serving as the mental health team's go-to guy for computer problems, performance measures and clinical reminder issues.

William received his master's degree in clinical psychology from the University of Missouri-Columbia, where his research specialty was risky adolescent sexual behavior. Though originally from the Arkansas Ozarks, William has yet to find anywhere quite as special as the Midwest; thus, he lives here with his three cats. His hobbies include baking, reading, hiking, cinema and making things with yarn.

Jason Drwal, Ph.D.

Jason Drwal has been a member of the Psychology Clinic since 2009. He received his Ph.D. in clinical psychology from the University of Connecticut. His treatment specialties included cognitive-behavioral therapy, mindful cognitive-behavioral therapy, mindfulness interventions, short-term psychodynamic therapy, health psychology, motivational interviewing, and self-help interventions. Dr. Drwal is the PCT team leader and clinic manager. Outside of work, he is the proud parent of a handsome and overly energetic son, an avid (although not accomplished) cook, an addict of Food Network (but refuses to get help), professional coffee snob, and dedicated runner.

Mary Eggert, Ph.D.

Dr. Eggert received her doctoral degree in Counseling Psychology from The Ohio State University in 1984. Dr. Eggert has served 33 years with the VA, including being Director of Training at the VA Central Iowa Healthcare System for 12 years. She primarily provides assessment and therapy to veterans with PTSD, including veterans with a history of child abuse, combat exposure, military sexual trauma, or other traumas. Her therapy orientation is eclectic, with the largest influences being cognitive-behavioral and Internal Family Systems. Other clinical interests include dissociative disorders, shame, and short-term therapy. She participates often in the daily Psychology walking group.

Carissa Gehl, Ph.D.

Carissa Gehl joined the Iowa City VAMC in 2009 as a staff neuropsychologist. Her primary interests involve neuropsychology and rehabilitation psychology. She is also co-director of the Polytrauma Support Clinic and participates in the Caregiver Support Program. She completes neuropsychological evaluations, individual psychotherapy, and staffs the Polytrauma Clinic. Dr. Gehl obtained her PhD from the University of Iowa and completed her internship at the Missouri Health Sciences Consortium in Columbia, MO. She then completed a two-year post-doctoral fellowship in Neuropsychology & Rehabilitation Psychology at the Mayo Clinic in Rochester, MN. Outside of work, she enjoys spending time with her husband and two young sons as well as finding time to create with yarn and fabric.

Michael Hall, Ph.D.

Dr. Michael Hall is a staff neuropsychologist at the Iowa City VA Health Care System, adjunct faculty in the Psychiatry Department at the University of Iowa, and Director of the Iowa Consortium of Veteran Excellence (ICOVE). He completed a master's and doctoral degree in clinical psychology at Kent State University, a pre-doctoral internship at the University of Massachusetts Medical School, and a fellowship in neuropsychology at Harvard Medical School. His clinical work includes neuropsychological and psychological assessment, and psychotherapy. His research focus has been on co-occurring post-deployment issues with a particular focus on posttraumatic stress disorder and traumatic brain injury. He is also focused on program development geared towards rehabilitation. As director of ICOVE, he is overseeing the development of broad programming to help Veterans and Service Members transition from military service into post-secondary education through to full time employment with a particular focus on those coping with service-related problems. Specific project components include a transition course, couple and family workshops, career transition assistance, peer mentoring, faculty and staff education on Veteran issues, educational programming for student health personnel on best practices in treatment of common post-deployment problems, and employer development.

Dau-shen Ju, Ph.D.

Dr. Ju received his B.A. in psychology from the National Cheng-Chi University in Taipei, Taiwan and completed both his M.A. in educational psychology and Ph.D. in counseling psychology from The University of Iowa. He started his VA employment in May, 2007 as a Local Recovery Coordinator to promote self-advocacy and develop resources for Veterans with serious mental illness. Trauma recovery is his current clinical focus. Prior to Dr. Ju's VA employment, he worked at The University of Iowa for ten years and most recently was the Director of the Student Disability Services and Assistant Director of the University Counseling Service. He is also an adjunct professor in the Counseling Psychology Program at the University of Iowa. Dr. Ju has been an active member of Asian-American and mental health communities. He has received several awards for his commitment to diversity, Veteran services, and advocacy. In addition to his clinical responsibilities, Dr. Ju is currently the Deputy Director of the Mental Health Service Line at the Iowa City VA.

Erin McCandless, LISW, CADC

Erin received her MSW from the School of Social Work at the University of Iowa in 2006 and has been working at the Iowa City VA since graduation. She is the program coordinator for the Outpatient Substance Abuse Treatment Program (OSATP) at the VA and provides clinical and administrative supervision for both extended outpatient and intensive outpatient programs in OSATP. Erin is also a Licensed Independent Social Worker (LISW) and received her certification in alcohol and drug counseling

(CADC). She provides evidence-based Substance Use Disorder (SUD) treatments to Veterans enrolled in the outpatient program as well as patients seeking medical treatment for SUD on the acute psychiatric and medical units in the hospital. Erin has received training in several evidence-based treatments through the VA including CBT, DBT, Motivational Enhancement Therapy (MET), CPT, CBT-Insomnia, Integrated Care for Smoking Cessation and CBT-Depression. Her primary clinical therapeutic modalities include CBT for Substance Use Disorders, Motivational Interviewing and Motivational Enhancement Therapy. Outside of the VA, Erin enjoys spending time with her family, being outdoors, attending University of Iowa sporting events and planning her next travel adventure (preferably somewhere warm!).

Mike McClain, Ph.D., LMFT

Licensed marriage and family therapist in Iowa and clinical fellow and approved supervisor with the American Association for Marriage and Family Therapy.

Kayla McKibben, Ph.D.

Dr. Kayla McKibben is a staff psychologist and the program manager for the Psychosocial Rehabilitation and Recovery Program (PRRC). Her team is focused on helping Veterans with serious mental illness meet their recovery goals and integrate into their communities. She also serves as the Evidence-Based Psychotherapy Coordinator for the Mental Health Service Line by promoting awareness and effective use of EBPs, tracking the clinics use of EBPs, and conducting trainings to promote psychotherapy services. She actively pursues opportunities to help with promoting recovery, collaborating with community partners, and decreasing stigma associated with mental health (e.g., organizing TEAM VA at annual NAMI walks). Kayla joined the Iowa City psychology staff in August 2010 in the Mental Health Acute Care Unit. She received her master's and Ph.D. degrees from the counseling psychology program at Southern Illinois University. She then completed her internship at the Zablocki VAMC in Milwaukee, WI. When not working, she enjoys her family, feeding the ducks, drinking coffee (and more COFFEE!), walking, watching documentaries, cooking, and the farmer's market. Because life is so busy both at work and outside of work, she is a firm believer in making every second count. Carpe Diem!

Miriam Meyer, Ph.D.

Dr. Meyer is a licensed psychologist who received her doctorate in Counseling Psychology from the University of Iowa in 1992. After previously working in a private practice and a Community Mental Health Center in southwest Iowa, she established a private practice in Washington, Iowa for 12 years. Dr. Meyer has worked as a psychologist at the VA Medical Center in Iowa City since 2001. In this role she provides individual and group counseling for veterans, primarily those returning from Iraq and Afghanistan, coping with Post Traumatic Stress Disorder and other mental health issues. She has developed a program of psychology services via telemedicine and has conducted over 1000 sessions for veterans in Iowa and

Illinois via videoconferencing in five VA outpatient clinic sites. Dr. Meyer is a member of the American Psychological Association's Division 48 (Society for the Study of Peace, Conflict, and Violence). She is a former president of the practicing psychologists division in the Iowa Psychological Association. She is a Federal mediator conducting mediations and EAP services for the Veterans Administration. She is involved in justice and peace activities in Iowa and went on a Congressional Accompaniment trip to Israel and Palestine in 2005. Dr. Meyer and her husband raise cattle and have two sons in college. She enjoys gardening, hiking, reading, and photography.

Tim Mullaney, Ph.D., L.M.F.T.

Dr. Mullaney received his M.S.W. from Washington University, with special focus on Marital and Family Therapy before completing a Ph.D. specializing in marital and family therapy at Iowa State University. His work experiences include a family therapy agency, chemical dependency treatment, juvenile justice (court family treatment unit), being a senior consultant in an international employee assistance company, therapist and managed care representative, private practice, hospital-based outpatient psychology, and university student counseling. He has a special interest in mindfulness training and its applications in mental health, and is leading and developing a mindfulness training group at the Iowa City VA. He is currently a part of a multi-year teaching transmission on Mahamudra meditation taking place in India, in support of his clinical group at the VA, among other reasons.

Robert Musson, Ph.D.

Robert Musson is a licensed clinical psychologist at the Iowa City VA Health Care System Psychology Clinic. He is a member of the VA's PTSD Clinical Treatment Team and a former Navy psychologist. Dr. Musson's doctoral degree is from Northwestern University in Evanston, Illinois. He also completed a two-year, post-doctoral fellowship at the University of Wisconsin in neuropsychology. Dr. Musson then accepted a commission with the U.S. Navy and took an assignment to be the staff neuropsychologist at Naval Hospital Great Lakes, in north suburban Chicago. For two of the years he was there, Dr. Musson also served as the department head of the 40-bed, inpatient Alcohol Rehab program at that facility. He was deployed for Operation Desert Storm during which he was attached to a Marine Medical Battalion, which is similar to an Army MASH unit. In that assignment, he treated stress casualties in a forward combat support area in the desert. After finishing his time in the Navy, Dr. Musson took a position as the staff neuropsychologist at a post-acute rehab hospital in suburban Louisville, where he worked for four years primarily with orthopedic patients, dementia patients and brain-injured patients. He began working for the Department of Veterans Affairs in 2003 when he took the position of Clinical Coordinator at a VA community-based counseling center in Eugene, Oregon. He has been at the Iowa City VA Medical Center

since February of 2007. In addition to serving as a member of both the Psychology Clinic Training Team and the University of Iowa Counseling Psychology Program Adjunct Faculty, Dr. Musson also serves as a supervisor for both the PTSD and Anxiety Disorders/Psychotherapy internship rotations.

Daniel Orme, Ph.D., ABPP

Dr. Orme is a clinical neuropsychologist and retired USAF officer. He received his Ph.D. in counseling psychology from Indiana State University and completed a postdoctoral fellowship in clinical neuropsychology at the University of Oklahoma Health Sciences Center. He has been a practicing neuropsychologist for lots of years and is board certified in that specialty. He has published on topics such as Gulf War illness, aviation psychology, ethics, dysmorphology, and assessment-related issues. Notable among Dr. Orme's experiences are appointment to the State Committee of Psychologists (Missouri), human factors expert for USAF aircraft accident investigations, APA accreditation site visitor for internships/fellowships, and consultant to NASA for astronaut selection. Dr. Orme is a college sports fan, a classically trained pianist, and a cello student.

Anne G. Sadler, R.N., Ph.D.

Dr. Sadler is a health services researcher at the Comprehensive Access & Delivery Research and Evaluation (CADRE) COIN at the Iowa City VA Health Care System, and an associate professor in the Department of Psychiatry at The University of Iowa Hospitals and Clinics. Dr. Sadler also serves as the VA Women's Practice Based Research Network post-deployment health site lead. She was selected for this position given her work as PI of 5 grants funded by VA HSR&D, QUERI, and The Department of Defense (DoD) to investigate the health, safety, and post-deployment adjustment of Reserve, National Guard, and Regular military service women returning from Iraq/Afghanistan. In addition, Dr. Sadler completed a Nursing Research Initiative (NRI) study investigating reproductive health outcomes associated with women veteran's lifespan sexual violence exposures. Dr. Sadler is PI on one of the grants comprising the Evidence Based Treatment for PTSD CREATE, leading a study that uses internet based approaches to improve post-deployment mental health education and access to VA care for OEF/OIF Reserve and National Guard service women following their return from deployment to combat areas. Dr. Sadler is generative with mentoring new women's health researchers, including Career Development Award (CDA) applicants. Dr. Sadler is a licensed Marital & Family Therapist and works clinically with women and families impacted by trauma, including gender-based and domestic violence, as well as combat.

Julie Rosebrook, Ph. D.

Dr. Julie Rosebrook began her work at the Iowa City VA in June of 2011 as the Health Behavior Coordinator. She received her Bachelors' Degree in Psychology from Stanford University in 1984 and her Ph.D. from the University of North Texas in 1992 with an emphasis in Clinical Psychology and Behavioral Medicine. Dr. Rosebrook transitioned from her role as Health Behavior Coordinator to her current role as Staff Psychologist at the Coralville VA Clinic in June of 2014. She is now working with patients using DBT, Prolonged Exposure, CBT for Chronic Pain, Anger Management group, and other modalities of treatment as well. Outside of work, Dr. Rosebrook can often be found watching her daughter riding and jumping horses, keeping up by phone and text with her son at college, or spending time with her husband, Stuart. Dr. Rosebrook enjoys spending time with family and friends, exercising, walking the family dogs (a golden retriever and pug), watching mysteries, gardening, and reading when she is not fulfilling one of her other "mom" roles.

Mary Schmeichel, M.A.

Mary has an undergraduate degree from the University of Iowa and a Masters in Health Care Administration from the University of St. Francis in Joliet, IL. She has been at the Iowa City VA Health Care System for 28 years, 22 of which have been with Psychology; the past four with the Mental Health Service Line (when Psychology and Psychiatry merged and moved to its current location in Coralville). Mary is responsible for a wide range of clinical and administrative duties which help keep the outpatient Mental Health Clinic operating smoothly from day to day. Mary hopes to make her 25 pound cat Buddy a YouTube sensation so she can retire wealthy and live somewhere in the Caribbean.

Doris J. Stormoen, Ph.D.

Dr. Stormoen has been a staff psychologist at the Iowa City VAHCS for over 14 years. She has served as Director of Training the past ten years, working to integrate training into the mission of our clinic. Dr. Stormoen completed her Master's and Ph.D. degrees from the University of Wisconsin-Madison; her dissertation examined the emotional well-being of women following long-term adjustment to divorce and she maintains an interest in loss/grief issues from a biopsychosocial perspective. Dr. Stormoen's professional career includes four years as a clinical staff member at the University of Iowa Counseling Service and five years as a Health Psychologist in the Department of OB/GYN at the University of Iowa Hospitals and Clinics before joining the VAMC Psychology staff in 2000. Her clinical focus at the VA has been in the area of health psychology, which includes the full spectrum of comorbid medical and psychological problems seen within the veteran patient population. Specific areas of focus include acute, chronic, and/or terminal conditions – e.g., pain, tinnitus, amyotrophic lateral sclerosis (ALS), spinal cord

injuries - as well as lifestyle and treatment adherence issues. She also provides psychosocial evaluations related, for example, to organ transplant, bariatric surgery, and spinal cord stimulator implants and serves as an independent donor advocate for kidney transplantation. Her personal passion is adventure travel and she particularly enjoys cycling, cross-country skiing, kayaking, and hiking. Dr. Stormoen has a reputation for speed-walking – few who accompany her choose to repeat the experience.

Wendy VanVoorst, Ph.D., ABPP

Dr. VanVoorst earned her Ph.D. in clinical psychology at Central Michigan University and completed a one-year clinical neuropsychology internship at the Memphis VAMC. She joined the psychology staff at the Iowa City VAHCS in November 2007 following completion of a two year postdoctoral fellowship in Clinical Neuropsychology at Mayo Clinic in Rochester, MN. Dr. VanVoorst is board certified in Clinical Neuropsychology through the American Board of Professional Psychology (ABPP-CN) . Her research interests include the treatment of cognitive dysfunction in individuals with PTSD. When Dr. VanVoorst is not busy training for marathons, spending time with her husband, or chasing her four-year-old, she enjoys learning to play the mandolin, gardening, and attending estate sales.

Application Process

Eligibility

Applicants must meet the following prerequisites to be considered for our program:

1. Doctoral student in an APA-accredited Clinical, Counseling Psychology, Professional Psychology program or in an APA-approved respecialization training program in Clinical or Counseling Psychology;
2. Approval for internship status by graduate program training director;
3. A minimum of 400 direct intervention and 150 direct assessment hours of supervised graduate level pre-internship practicum experience
4. U.S. citizenship

Selection Process

Initial Screening

A selection of committee members from our Training Team will review applications. Applicants not meeting the eligibility requirements will be notified as soon as possible. We seek applicants who have a sound clinical and scientific knowledge base from their academic program, who have strong basic skills in standard assessment and intervention and who have the personal characteristics necessary to function well in our internship setting (i.e., who share a positive approach to teamwork). Our selection criteria are based on both the applicant's match with our practitioner-scholar model and the fit of our training program offerings with applicant goals.

Our training program as well as the Iowa City VA Health Care System is committed to Equal Opportunity in Employment. As an equal opportunity training program, the internship welcomes and strongly encourages applications from all qualified candidates, regardless of race, ethnicity, religion, sexual orientation, disability, or other minority status.

Interviews

Interviews will be required (i.e., face-to-face or telephone) of all applicants who make the final selection and will involve at least two training staff members; this may include discussion of a clinical vignette presented by the interviewers.

Match Policies

The Iowa City VAMC is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) and follows APPIC guidelines and policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant.

Application Procedures

Applications are due by November 2, 2015. Application materials should be submitted to Doris J. Stormoen, Ph.D. utilizing AAPI online (www.appic.org).

Please submit the following:

1. Cover letter
2. Curriculum Vitae
3. APPIC Application for Psychology Internship (AAPI online) including:
 - (a) Certification of Readiness for Internship by academic program Training Director;
 - (b) all graduate transcripts;
 - (c) three letters of recommendation.
4. A clinical writing sample (i.e., clinical history/conceptualization or report of a neuropsychological assessment), attached via the AAPI online supplemental section.

The above materials will be used to screen potential applicants for follow-up interviews.

In accordance with the Federal Drug-Free Workplace Program, interns accepted here may be asked to submit a urine specimen at the beginning of the training year. In addition, the Office of Personnel Management requires a criminal background check of all prospective interns.

Statement of nondiscrimination

We do not discriminate in the recruitment of interns who are eligible for our program based on any non-merit factor, including race, national origin, color, religion, sex, sexual orientation, gender identity, disability, age, or status as a parent.

Contact Information

Further information regarding the Iowa City VAHCS Psychology Internship Program may be obtained by e-mail or telephone from:

Doris J. Stormoen, Ph.D., Director of Psychology Training.
Iowa City VA Health Care System (IC VAHCS)
Coralville Outpatient Clinic (116/CC)
520 10th Avenue
Coralville, Iowa 52241
(319) 688-3333
e-mail: doris.stormoen@va.gov

The Iowa City VA Health Care System, Coralville Clinic, welcomes your interest in our psychology internship training program.

Websites for Further Reference

American Psychological Association

750 First Street, NE
Washington, DC 20002-4242
(202) 336-5500
(202) 336-6123 TDD
Web: www.apa.org

Commission on Accreditation (CoA), American Psychological Association

750 First Street, NE
Washington, DC 20002-4242
202-336-5979
Web: www.apa.org/ed/accreditation/index.aspx

APPIC – Association of Psychology Postdoctoral and Internship Centers

733 15th Street NW Suite 719
Washington, DC 20005
(202) 347-0022
Web: www.appic.org

National Matching Services Inc.

595 Bay St., Suite 301, Box 29
Toronto, Ontario
Canada, M5G 2C2
Telephone: (416) 977-3431
Fax: (416) 977-5020
Web: www.natmatch.com/psychint/

Iowa Board of Psychology

Bureau of Professional Licensure
Lucas State Office Building
321 E. 12th Street
Des Moines, IA 50319-0075
Telephone: (515) 281-0254
Fax: (515) 281-3121
Web: <http://www.idph.state.ia.us/licensure/Meetings.aspx?board=Psychology>

Iowa Psychological Association

IPA Central Office
Executive Director Carmella Schultes
48428 290th Avenue, Rolfe, IA 50581
Telephone: (712) 848-3595
Fax: (712) 848-3892
Web: <http://www.iowapsychology.org>